

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/16/03.

I. DISPUTE

Whether there should be reimbursement for CPT codes 72114-WP, 99203-MP, 95851, 97113, 97122, 97250, 97265, 97750-MT, 97750-FC, 99080-73. ___ with ___ submitted an updated table of disputed services on 03/25/04. The updated table excludes services that were on the original table that are no longer in dispute.

II. FINDINGS

The respondent submitted EOBs utilizing denial codes U and V for the dates of service in dispute. The audit date of the EOBs was 05/29/03. This is after the date the request for dispute resolution was received by TWCC. These EOBs will not be considered and the services in dispute will be reviewed per the 1996 Medical Fee Guideline per Rule 133.307 (j)(2) and Rule 133.304 (m)(2).

III. RATIONALE

- CPT code 72114-WP. The S.O.A.P. notes for this date support delivery of service per Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$120.00 is recommended.
- CPT code 99203-MP. The S.O.A.P. notes do not document a manipulation performed on this date of service to support delivery of service per Rule 133.307 (g)(3)(A-F). Reimbursement is not recommended.
- CPT code 95851 on dates of service 07/22/02, 08/06/02, and 08/20/02. The range of motion testing reports for these dates of service support delivery of service per Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$108.00 (\$36.00 x 3 dates of service) is recommended.
- CPT code 97113 on dates of service 07/22, 07/23, 07/24, 7/25, 7/26, 7/29, 7/30, 7/31, 8/1, 8/2, 8/6, 8/7, 8/8, 8/9, 8/12, 8/13, 8/19, 8/20, 8/21, and 8/22/02. The S.O.A.P. notes support delivery of service (3 units of aquatic therapy/97113) on each date per Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$3,120.00 (\$52.00 x 3 units x 20 dates of service) is recommended.
- CPT code 97122 on dates of service 7/2, 7/23, 7/24, 7/25, 7/26, 7/29, 7/30, 7/31, 8/1, 8/2, 8/6, 8/7, 8/8, 8/9, 8/12, 8/13, 8/19, 8/20, 8/21, and 8/22/02. The S.O.A.P. notes for these dates support deliver of service per Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$700.00 (\$35.00 x 20 dates of service) is recommended.
- CPT code 97250 on dates of service 7/22, 7/23, 7/24, 7/25, 7/26, 7/29, 7/30, 7/31, 8/1, 8/2, 8/6, 8/7, 8/8, 8/9, 8/12, 8/13, 8/19, 8/20, 8/21, and 8/22/02. The S.O.A.P. notes for these dates support deliver of service per Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$860.00 (\$43.00 x 20 dates of service) is recommended.

- CPT code 97265 on dates of service 7/22, 7/23, 7/24, 7/25, 7/26, 7/29, 7/30, 7/31, 8/1, 8/2, 8/6, 8/7, 8/8, 8/9, 8/12, 8/13, 8/19, 8/20, 8/21, and 8/22/02. The S.O.A.P. notes for these dates support deliver of service per Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$860.00 (\$43.00 x 20 dates of service) is recommended.
- CPT code 99213-MP on dates of service 7/22, 7/23, 7/24, 7/25, 7/26, 7/29, 7/30, 7/31, 8/1, 8/2, 8/6, 8/7, 8/8, 8/9, 8/12, 8/13, 8/19, 8/20, 8/21, and 8/22/02. The S.O.A.P. notes for these dates support deliver of service per Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$960.00 (\$48.00 x 20 dates of service) is recommended.
- CPT code 97750-MT on dates of service 7/29, and 8/13/02. The Muscle testing reports support delivery of service per Rule 133.307 (g)(3)(A-F). Reimbursement in the amount \$129.00 (\$43.00 x 3 units on 2 dates of service) is recommended.
- CPT code 97750-FC on date of service 8/26/02. The functional capacity evaluation report documents 3 hours and 30 minutes of time spent and supports delivery of service per Rule 133.307 (g)(3)(A-F). Reimbursement in the amount of \$400.00 is recommended.
- CPT code 99080-73 on date of service 8/27/02. A TWCC 73 was not submitted to support delivery of service per Rule 133.307 (G)(3)(A-F). Reimbursement is not recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$7,257.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$7,257.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 21st day of April 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

LLC/lc